



COMPLAINANT'S INFORMATION		
Name: Address:		
		Zip Code:
		per:
PERSON DISCRIMINATED AGAINST (S		-
Address:		
City:	State:	Zip Code:
Home Phone Number:	Work Phone Numb	per:
WHICH OF THE FOLLOWING BEST DES		THE DISCRIMINATION TOOK PLACE? n (Specify)
Sex (Specify)	Age (Specify)	Disability (Specify)
On what date(s) did the alleged discrimination	on take place?	
		ND WHO TOU BELIEVE WAS RESPONSIBLE
(If additional space is needed, add a sheet o	f paper)	KNOWLEDGE OF THE ALLEGED DISCRIMINATION
LIST NAMES AND CONTACT INFORMAT HAVE YOU FILED THIS COMPLAINT WITH	TION OF PERSONS WHO MAY HAVE	KNOWLEDGE OF THE ALLEGED DISCRIMINATION
LIST NAMES AND CONTACT INFORMAT HAVE YOU FILED THIS COMPLAINT WITH (Check all that apply)	Fion of Persons who may have I	KNOWLEDGE OF THE ALLEGED DISCRIMINATION AL AGENCY, OR WITH ANY FEDERAL OR STATE COURT?
LIST NAMES AND CONTACT INFORMAT HAVE YOU FILED THIS COMPLAINT WITH (Check all that apply) Federal Agency Federal Court PLEASE PROVIDE INFORMATION ABOUT	TION OF PERSONS WHO MAY HAVE ANY OTHER FEDERAL, STATE, OR LOCA State Agency State Court UT A CONTACT PERSON AT THE AGE	KNOWLEDGE OF THE ALLEGED DISCRIMINATION AL AGENCY, OR WITH ANY FEDERAL OR STATE COURT?
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LIST NAMES AND CONTACT INFORMAT HAVE YOU FILED THIS COMPLAINT WITH (Check all that apply) Federal Agency Federal Court PLEASE PROVIDE INFORMATION ABOUNAME: Address: City:	TION OF PERSONS WHO MAY HAVE ANY OTHER FEDERAL, STATE, OR LOCA State Agency State Court UT A CONTACT PERSON AT THE AGE State: State:	KNOWLEDGE OF THE ALLEGED DISCRIMINATION AL AGENCY, OR WITH ANY FEDERAL OR STATE COURT? Local Agency NCY/COURT WHERE THE COMPLAINT WAS FILED
HAVE YOU FILED THIS COMPLAINT WITH (Check all that apply) Federal Agency Federal Court PLEASE PROVIDE INFORMATION ABOUT Name: Address: City: Home Phone Number:	TION OF PERSONS WHO MAY HAVE I ANY OTHER FEDERAL, STATE, OR LOCA State Agency State Court UT A CONTACT PERSON AT THE AGE State: Work Phone Number	KNOWLEDGE OF THE ALLEGED DISCRIMINATION AL AGENCY, OR WITH ANY FEDERAL OR STATE COURT? Local Agency NCY/COURT WHERE THE COMPLAINT WAS FILED Zip Code:

SUBMIT FORM AND ANY ADDITIONAL INFORMATION TO:

FCD TITLE VI PROGRAM Kelli A. Sertich

FCD Nondiscrimination Program Coordinator 2801 W. Durango Street, Phoenix, AZ 85009 Phone: 602.506.2202 | Fax: 602.506.7346 https://fcd.maricopa.gov/3847/Flood-Control-District